Manke Lumber Company, Inc. NAME

13702 8th Street East **ADDRESS**

Sumner, WA 98390

COUNTY **Pierce**

Superior Wood Treating FACILITY

LOCATION

WA0040339 PERMIT NUMBER

FROM

001 **DISCHARGE NUMBER**

NOTE: Read instructions before completing this form.

MONITORING PERIOD												
YEAR	МО	DAY		YEAR	МО	DAY						
		01	TO									

		QUANT	ITY OR LOADIN	NG	QUA	LITY OR CON	CENTRATI	ON	NO.	FREQUENCY	SAMPLE	
PARAMETER		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	EX.	OF ANALYSIS	TYPE	
Flow	SAMPLE MEASUREMENT											
1 IOW	PERMIT REQUIREMENT		Report	gpd					n/a	01/30	Estimate	
Oil & Grease	SAMPLE MEASUREMENT											
Oil & Olease	PERMIT REQUIREMENT						10	mg/L	0	01/30	Grab	
TSS	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						50	mg/L	0	01/30	Grab	
Ammonia	SAMPLE MEASUREMENT											
Ammonia	PERMIT REQUIREMENT						Report	mg/L	n/a	01/30	Grab	
Argonia Total	SAMPLE MEASUREMENT											
Arsenic, Total	PERMIT REQUIREMENT						309	μg/L	n/a	01/30	Grab	
nLI.	SAMPLE MEASUREMENT											
pH	PERMIT REQUIREMENT				6		9	s.u.	0	01/30	Grab	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER PI G		PARED UNDER MY DIRECTIO IGNED TO ASSURE THAT LUATED THE INFORMATION SI SONS WHO MANAGE THE SYS HERING INFORMATION, THE IN	FY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE RED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM ISED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND ATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR NS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR RING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY			TELEPH			ONE	NE DATE		
	ARE POS	WLEDGE AND BELIEF, TRUE, SIGNIFICANT PENALTIES FO SIBILITY OF FINE AND IMPRISO	OR SUBMITTING FALSE INFO ONMENT FOR KNOWING VIOL	ORMATION, INCL ATIONS. SEE 18 L	UDING THE JSC §							
TYPED OR PRINTED COMMENT AND EXPLANATION OF AN	\$10,	AND 33 USC § 1319. (PENALT				ATURE OF PRINCIPAL FICER OR AUTHORIZE		AREA N	UMBER	YEAR N	IO DAY	

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

PERMITTEE NAME/ADDRESS (Include

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

Submit Monthly

Facility Name/Location if different) NAME

Manke Lumber Company, Inc.

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COUNTY **Pierce**

Superior Wood Treating FACILITY

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		N	IONITOR	RING	PERIO	D			
	YEAR MO DAY YEAR MO DA								
FROM			01	TO					

		QUALITY	OR CONCENTRATION					SAMPLE TYPE		
PARAMETER		MAXIMUM DAILY INTERIM LIMIT 12/1/04-6/29/09	MAXIMUM DAILY FINAL LIMIT 6/30/2009	UNITS	NO. EX.	FREQU O ANAL	F			
Chromium, Total	SAMPLE MEASUREMENT									
Omomuni, rotai	PERMIT REQUIREMENT	210	210	μg/L	0	01	/30	Grab		
Copper, Total	SAMPLE MEASUREMENT									
Copper, Total	PERMIT REQUIREMENT	238	46	μg/L	0	01/30		Grab		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									_
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE	PREP, DESIG EVALL PERSG GATHI KNOW ARE S	ARED UNDER MY DIRECTION OR SUPER: NED TO ASSURE THAT QUALIFIED P JATED THE INFORMATION SUBMITTED. B, DNS WHO MANAGE THE SYSTEM OR THOS ERING INFORMATION, THE INFORMATION S ILEDGE AND BELIEF, TRUE, ACCURATE, A	ND COMPLETE. I AM AWARE THAT THERE G FALSE INFORMATION, INCLUDING THE				TELEPHONE		DATE	'
TYPED OR PRINTED COMMENT AND EXPLANATION OF A	\$10,00	0.00 AND OR MAXIMUM IMPRISONMENT OF	HESE STATUES MAY INCLUDE FINES UP TO BETWEEN SIX MONTHS AND FIVE YEARS.)		PRINCIPAL EXECUTIVE AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY

PERMITTEE NAME/ADDRESS (Include

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

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Manke Lumber Company, Inc. NAME

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Sumner, WA 98390

Pierce COUNTY

Superior Wood Treating FACILITY

LOCATION

WA0040339 PERMIT NUMBER

002 **DISCHARGE NUMBER**

NOTE: Read instructions before completing this form.

		N	IONITOF	RING	PERIO	D	
	YEAR	МО	DAY		YEAR	МО	DAY
FROM			01	TO			

		QUANT	TY OR LOADIN	IG	QUA	LITY OR CON	CENTRA	TION		NO.	FREQUENCY	SAMPLE
PARAMETER		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMU DAILY		JNITS	EX.	OF ANALYSIS	TYPE
Flow	SAMPLE MEASUREMENT											
1 10W	PERMIT REQUIREMENT		Report	gpd						n/a	01/30	Estimate
Oil & Grease	SAMPLE MEASUREMENT											
Oli & Olcasc	PERMIT REQUIREMENT						10	r	ng/L	0	01/30	Grab
TSS	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						50	r	ng/L	0	01/30	Grab
Ammonia	SAMPLE MEASUREMENT											
Ammonia	PERMIT REQUIREMENT						Repor	t r	ng/L	n/a	01/30	Grab
Argonia Total	SAMPLE MEASUREMENT											
Arsenic, Total	PERMIT REQUIREMENT						309	ı	µg/L	n/a	01/30	Grab
mil	SAMPLE MEASUREMENT											
рH	PERMIT REQUIREMENT				6		9		s.u.	0	01/30	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		RED UNDER MY DIRECTION NED TO ASSURE THAT (ATED THE INFORMATION SI NIS WHO MANAGE THE SYS RING INFORMATION, THE IN	N THAT THIS DOCUMENT AN N OR SUPERVISION IN ACC QUALIFIED PERSONNEL PI JBMITTED. BASED ON MY II TEM OR THOSE PERSONS D FORMATION SUBMITTED IS,	ORDANCE WITH ROPERLY GATHINGUIRY OF THE FIRECTLY RESPONTO THE BEST OF I	A SYSTEM ERED AND PERSON OR ISIBLE FOR MY			TELEPHONE		DNE	DATE	
	ARE S POSSII	IGNIFICANT PENALTIES FO	ACCURATE, AND COMPLETE R SUBMITTING FALSE INFO NMENT FOR KNOWING VIOL	ORMATION, INCL ATIONS. SEE 18 L	UDING THE JSC §							
TYPED OR PRINTED	\$10,000	0.00 AND OR MAXIMUM IMPR	IES UNDER THESE STATUES ISONMENT OF BETWEEN SIX		0.014	ATURE OF PRINCIPAL FICER OR AUTHORIZE		AREA CODE	NU	JMBER	YEAR	IO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include

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	YEAR	МО	DAY		YEAR	МО	DAY
FROM			01	TO			

		QUALITY	OR CONCENTRATION							
PARAMETER		MAXIMUM DAILY INTERIM LIMIT 12/1/04-6/29/2009	MAXIMUM DAILY FINAL LIMIT 6/30/2009	UNITS	NO. EX.	FREQU O ANAL	F	SAMPLE TYPE		
Chromium, Total	SAMPLE MEASUREMENT									
Omomani, rotai	PERMIT REQUIREMENT	210	210	μg/L	0	01/	30	Gr	Grab	
Copper, Total	SAMPLE MEASUREMENT									
Copper, Total	PERMIT REQUIREMENT		46	μg/L	0	01/	01/30		Grab	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
PREDESTRICE PRINCIPAL EXECUTIVE OFFICER PRINCI		RTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM IGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND LUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR SONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR THERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY WILEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE					TELEPHONE		DATE	
POSSIE 1001 A \$10,000		E SIGNIFICANT PENALTIES FOR SUBMITTING SSIBILITY OF FINE AND IMPRISONMENT FOR IT 1 AND 33 USC § 1319. (PENALTIES UNDER T ,000.00 AND OR MAXIMUM IMPRISONMENT OF prence all attachments here)	HESE STATUES MAY INCLUDE FINES UP TO		SIGNATURE OF PRINCIPAL EXECUTIVE AREA NUMBE OFFICER OR AUTHORIZED AGENT CODE		NUMBER	YEAR	МО	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)